

ORIGINAL

FILED
U.S. DISTRICT COURT
BOSTON, MASS.
JUN 13 2005

Mark Cimini
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Westford, MA 01886
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June 09, 2005

US District Court
1 Courthouse Way
Boston, MA 02210
(617) 748-9041

Regarding case 05 – 10125 RCL, Petition for Removal from State Court – MA DOR FILE
00.2129.0173

Dear Honor:

The Commonwealth of Massachusetts has continued to harass and threaten me since my initial filing to this court. As I understand Federal Law, once this case was removed to Federal Court all state actions were to have stopped. Instead the state continues to act. Additional paperwork I received today (attached – with my denial) states they are going to again increase my garnishment but fail to state a claim for a specific amount of back child support. Instead of the Commonwealth stating a claim, I have to prove I do not owe them anything.

Most recently the state has again sent me notice that my wages will be garnished at a higher rate despite the fact that Department of Revenue (DOR) already illegally taking my property for a disputed amount of money from my retirement account. To say this another way - there is no back child support, the DOR has already taken the disputed amount, *and more*, yet they continue to garnish my wages and to even increase the garnishment amount.

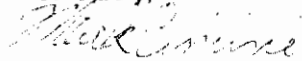
Despite that this is a dispute of money/property over twenty dollars I am not permitted a jury trial; only a hearing where DOR is the accuser, prosecutor, judge, and jury. Add to this that DOR is doing this for the Commonwealth's enrichment and the issue of conversion as outlined in my initial pleadings. Please compare this to Reynolds v. Sweeter, 81 Mass. 78, where jury trials had been allowed in Massachusetts for disputed child support amounts and Justice Holmes declared that the collection of support from an innocent party was not permitted. This right to a jury trial has been abolished.

Additionally, when the state took the property (i.e., retirement funds) they did not show proof of bond per UCC-3-501 nor did they supply a proper legal delegation of authority.

Please note that although I have filed for "Summary Judgement" I intend to file separate claims (in Federal Court) for these unlawful deprivations of civil rights and also will file a supplemental "Notice of Default" in this case to back up the Summary Judgement filing of April. I am now requesting, under urgent circumstances, the court to take immediate action to stop all state's actions until this court, and possibly other Federal Courts, have ruled on this matter.

If you have any comments or questions, please feel free to call or email me.

Yours truly,



Mark Cimini

cc: Massachusetts Department of Revenue



The Commonwealth of Massachusetts
Department of Revenue
Child Support Enforcement Division

ALAN LEBOVIDGE
COMMISSIONER
MARILYN RAY SMITH
DEPUTY COMMISSIONER

MARK K. CIMINI
12 MAPLE ROAD
WESTFORD, MA 01886-1631

06/05/2005

PIN:00.2129.0173

Dear Noncustodial Parent:

In accordance with the Uniform Interstate Family Support Act (UIFSA), you are obligated to pay child support to the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR), by deduction from your paycheck. Enclosed is a copy of a notice of income withholding that DOR sent to your employer.

Your employer will deduct from each paycheck the amount of child support that you owe and will mail the amount deducted to DOR. DOR will then forward the child support to the custodial parent or to the Massachusetts Department of Transitional Assistance if your family receives public assistance.

The only defense to the income withholding order is that you do not owe current or past-due child support. If you dispute that you owe child support, you must provide evidence to support your claim, such as a revised court order, cancelled checks or evidence that your child is no longer entitled to support. Please mail all documentation to the address below.

If you are no longer employed by the company named on the enclosed form, please call the number below to inform DOR of your new employer.

Thank you for your cooperation in ensuring that your children receive child support on time and in full.

MASSACHUSETTS DEPARTMENT OF REVENUE
CHILD SUPPORT ENFORCEMENT DIVISION
DOR/CSE CUSTOMER SERVICE
PO BOX 7057
BOSTON, MA 02204-0000

DOR/CSE CUSTOMER SERVICE

(800)332-2733

CSO: 06

Request for Review of 25% Increase in Income Assignment

To request a review, please complete this form and mail it to the address below.

IMPORTANT: RETURN THIS FORM WITHIN 15 DAYS OF THE DATE OF THE NOTICE.

YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE.

(Please Print)

Name: Cimini MARK
 Last First MI Social Security Number
 Address: 12 Maple Road
 Street ()
Westford MA 01886 ()
 City State Zip Code Home Phone
 Work Phone

I request a review of my case because:

1. ☒ I DO NOT owe past-due child support; or *You stole the amount from my payment account*
2. ☒ The amount of past-due child support claimed by DOR is incorrect. *You've taken more than owed*
3. ☐ Increasing my child support payment by 25% would be a hardship; or
4. ☐ Increasing my child support payment by 25% would leave me with less money than I need for minimum subsistence.

If you check box 1 or 2, you must include proof of your claim, such as copies of:

- Canceled checks and/or money orders;
- Child support order(s); or
- Receipts for child support payments made in cash.

DOR will review your case based on information in the DOR case file, the court file and any additional information you provide. You will be notified in writing of DOR's determination based on this review.

DOR/CSE CUSTOMER SERVICE
 MASSACHUSETTS DEPARTMENT OF REVENUE
 CHILD SUPPORT ENFORCEMENT DIVISION
 PO BOX 7057
 BOSTON, MA 02204-0000
 1-800-332-2733

YOU WILL BE NOTIFIED BY MAIL OF THE RESULTS OF YOUR REVIEW.

IMPORTANTE: POR FAVOR HAGA TRADUCIR ESTE DOCUMENTO INMEDIATAMENTE.

CSO: 06

Violated
VCC-3-501

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State	<u>MASSACHUSETTS</u>	<u>X</u>	Original Order/Notice
Co./City/Dist. of	<u>MASSACHUSETTS</u>		Amended Order/Notice
Date of Order/Notice	<u>06/05/2005</u>		Terminate Order/Notice
Court/Case Number	<u>003.908.617</u>		

050425792) RE: <u>CIMINI MARK K</u>
Employer/Withholder's Federal EIN Number) <u>Employee/Obligor's Name (Last, First, MI)</u>
<u>TEXTRON SYSTEMS</u>) <u>010-54-1623</u>
Employer/Withholder's Name) <u>Employee/Obligor's Social Security Number</u>
) <u>003.908.617</u>
<u>TEXTRON HR PROCESSING CRT</u>) <u>Employee/Obligor's Case Identifier</u>
<u>PO BOX 45004</u>) <u>CIMINI MARGARET R</u>
<u>JACKSONVILLE, FL 32232-5004</u>) <u>Custodial Parent's Name (Last, First, MI)</u>
Employer/Withholder's Address)

Child(ren)'s Name(s):
CIMINI JONATHAN F

Child(ren)'s DOB(s):
04/05/1993

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from MASSACHUSETTS. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until further notice, even if the Order/Notice is not issued by your State.

[X] If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

\$ 365.00 to be paid WEEKLY in current support

\$ 91.25 to be paid WEEKLY in past-due support

Arrears 12 weeks or greater? ☐ yes ☐ no

\$ 0.00 to be paid in medical support

\$ 0.00 to be paid

\$ 0.00 to be paid for a total of

\$ 456.25 to be paid WEEKLY to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ 456.25 per weekly pay period. \$ 987.78 per semimonthly pay period (twice a month).

\$ 912.50 per biweekly pay period (every two weeks). \$ 1,975.56 per monthly pay period.

REMITTANCE INFORMATION:

You must begin withholding no later than the first pay period occurring 3 working days after the date of this Order/Notice. Send payment within 3 working days of the paydate/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of the employee for the allowable amount. The total withheld amount, including your fee, cannot exceed 65 % of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 on back).

When remitting payment provide the paydate/date of withholding and the case identifier 003.908.617

If remitting by EFT/EDI, use this FIPS code: *

Bank routing code: *

Bank account number: *

Make it payable to: COMMONWEALTH OF MASSACHUSETTS

Send check to: MASSACHUSETTS DEPARTMENT OF REVENUE

CHILD SUPPORT ENFORCEMENT DIVISION

PO BOX 55140

BOSTON, MA 02205-5140

Authorized by



Print Name

MARILYN RAY SMITH

Title

DEPUTY COMMISSIONER